

** MESSAGE **

[RECEIVER]

RECEIVED
CENTRAL FAX CENTER
MAR 16 2009

Fax:##422818#915712738300#

[SENDER]
RUTAN TUCKER LLP
Fax:714-546-9035

[MESSAGE]

RUTAN & TUCKER, LLP

Attorneys at Law

**611 Anton Boulevard, 14th Floor
Costa Mesa California 92626-1931**

Mailing Address: Post Office Box 1950, Costa Mesa, California 92628-1950

Telephone: 714.641.5100

Facsimile 714.546.9035

RECEIVED
CENTRAL FAX CENTER
MAR 16 2009

FACSIMILE TRANSMISSION

DATE: **March 9, 2009**

To:		Hard Copy to Follow via Mail: <input checked="" type="checkbox"/> NO
NAME	FAX No.	PHONE NO.
Centralized Facsimile Center US Patent and Trademark Office Commissioner for Patents	571-273-8300	800-786-9199

FROM: **Ana Messick 1039**
for Hani Z. Sayed

RE: Request for Withdrawal as Attorney or Agent and Change of Correspondence Address. Application No. 10/669,312

CLIENT/MATTER No.: 099999-0071

NUMBER OF PAGES, INCLUDING COVER: 3

MESSAGE.

**REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE
ADDRESS**

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED, AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED AND CONFIDENTIAL. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR AGENT RESPONSIBLE TO DELIVER THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

1039/099999-0071
992912.01 a02/20/09

RECEIVED
CENTRAL FAX CENTER

MAR 16 2009

PTO/SB/83 (11-08)

Approved for use through 11/30/2011. OMB 0851-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS

Application Number	10/669,312
Filing Date	09-23-2003
First Named Inventor	MILLER, TODD
Art Unit	2134
Examiner Name	JUNG, DAVID YIUK
Attorney Docket Number	101014.0001US2

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the practitioners of record;

the practitioners (with registration numbers) of record listed on the attached paper(s); or

the practitioners of record associated with Customer Number: 34284

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR :

<input type="checkbox"/> 10.40(b)(1)	<input type="checkbox"/> 10.40(b)(2)	<input type="checkbox"/> 10.40(b)(3)	<input checked="" type="checkbox"/> 10.40(b)(4)
<input type="checkbox"/> 10.40(c)(1)(i)	<input type="checkbox"/> 10.40(c)(1)(ii)	<input type="checkbox"/> 10.40(c)(1)(iii)	<input type="checkbox"/> 10.40(c)(1)(iv)
<input type="checkbox"/> 10.40(c)(1)(v)	<input type="checkbox"/> 10.40(c)(1)(vi)	<input type="checkbox"/> 10.40(c)(2)	<input type="checkbox"/> 10.40(c)(3)
<input type="checkbox"/> 10.40(c)(4)	<input type="checkbox"/> 10.40(c)(5)	<input type="checkbox"/> 10.40(c)(6). Please explain below:	

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

[Page 1 of 2]

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

American LegalNet, Inc.
www.americanlegalnet.com

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. The address of the inventor or assignee associated with Customer Number:

OR

B. Inventor or
Assignee name Tim Patula, Esq.
Patula & Associates

Address

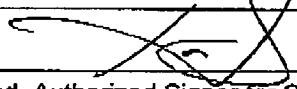
116 South Michigan Avenue, 14th Floor

City Chicago	State Illinois	Zip 60603	Country USA
--------------	----------------	-----------	-------------

Telephone	312.201.8220; Fax 312.372.8681	Email patula@patula.com
-----------	--------------------------------	-------------------------

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature



Name	Hani Z. Sayed, Authorized Signor for Customer #34284	Registration No. 52544
------	--	------------------------

Address 611 Anton Boulevard, Suite 1400

City Costa Mesa	State CA	Zip 92626	Country USA
-----------------	----------	-----------	-------------

Date	3/9/09	Telephone No. 714.641.5100
------	--------	----------------------------

NOTE: Withdrawal is effective when approved rather than when received.

[Page 2 of 2]

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.